

# VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Office of Pesticide Services

P. O. Box 1163

Richmond, VA 23218

## PRIVATE PESTICIDE APPLICATOR REQUEST FOR AUTHORIZATION TO TAKE PESTICIDE APPLICATOR EXAMINATION AT DEPARTMENT OF MOTOR VEHICLES CUSTOMER SERVICE CENTER

Please check the appropriate box below:

☐ New Applicator

☐ Retesting

☐ Reinstatement

### PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

#### Person taking the Virginia Private Pesticide Applicator Exam:

SOCIAL SECURITY NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HOME PHONE NO.: \_\_\_\_\_ BUSINESS PHONE NO.: \_\_\_\_\_  
(Area Code) (Area Code)

NAME OF APPLICANT: \_\_\_\_\_  
(Last) (First) (M.I.)

MAILING ADDRESS: \_\_\_\_\_  
(Street or RFD)

COUNTY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### FOR DEPARTMENT USE ONLY:

Certificate Number : \_\_\_\_\_

Date Keyed: \_\_\_\_\_

Keyed to Database by : \_\_\_\_\_